

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90010 047 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N16503**

**1. Corporation Name**

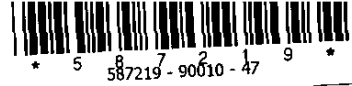
**LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION,  
INC.**

**Principal Place of Business**

PO BOX 593961  
ORLANDO FL 32859  
US

**Mailing Address**

PO BOX 593961  
ORLANDO FL 32859  
US



**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

**3. Date Incorporated or Qualified**

**08/25/1986**

**4. FEI Number**

**59-2802378**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Election Campaign Financing**

☐

**\$5.00** May Be  
Added to Fees

**9. Name and Address of Current Registered Agent**

**EFRAIN COLON**  
**5096 STRATEMEYER DR**  
**ORLANDO FL 32839**

**10. Name and Address of New Registered Agent**

**81** Name **Shawn Nielsen**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**5125 CREUSOT CT**  
**83**  
**84** City **Orlando** **FL** **85** Zip Code **32839**

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

*Shawn Nielsen*

(NOTE: Registered Agent signature required when reinstating)

**07/06/99**

**DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>COLON, EFRAIN</b>	
<b>STREET ADDRESS</b>	<b>5096 STRATEMEYER DR</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL</b>	
<b>TITLE</b>	<b>VPSD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>CORBETT KROEHLER</b>	
<b>STREET ADDRESS</b>	<b>5104 STRATEMEYER DR</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32839</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>CATRIN KROCHLER</b>	
<b>STREET ADDRESS</b>	<b>5104 STRATEMEYER DR</b>	
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>PD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>1.2 NAME</b>	<b>HOLLY SPOONLEY</b>	
<b>1.3 STREET ADDRESS</b>	<b>5145 STRATEMEYER DR.</b>	
<b>1.4 CITY-ST-ZIP</b>	<b>ORLANDO, FL 32839</b>	
<b>2.1 TITLE</b>	<b>VPSD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>2.2 NAME</b>	<b>EDWARD RUSSELL</b>	
<b>2.3 STREET ADDRESS</b>	<b>5189 STRATEMEYER DR.</b>	
<b>2.4 CITY-ST-ZIP</b>	<b>ORLANDO, FL. 32839</b>	
<b>3.1 TITLE</b>	<b>Shawn Nielsen TD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>3.2 NAME</b>	<b>Shawn Nielsen</b>	
<b>3.3 STREET ADDRESS</b>	<b>5125 CREUSOT CT.</b>	
<b>3.4 CITY-ST-ZIP</b>	<b>ORLANDO, FL. 32839</b>	
<b>4.1 TITLE</b>	<b>Secretary</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>4.2 NAME</b>	<b>Peggy Luby</b>	
<b>4.3 STREET ADDRESS</b>	<b>5117 STRATEMEYER DR.</b>	
<b>4.4 CITY-ST-ZIP</b>	<b>ORLANDO, FL. 32839</b>	
<b>5.1 TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY-ST-ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY-ST-ZIP</b>		

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Shawn Nielsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/06/99**

**DATE**

**(407) 356-3193**

**Daytime Phone #**